



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (DHP)

Effective 08/18/2005

Revised 07/03/2008

Preferred Agents

- Nicardipine HCl
- Nifedipine IR
- Nifedipine SA
- Felodipine ER
- Amlodipine
- Isradipine
- Afeditab CR
- Nifediac CC
- Nifedical XL
- Nifedipine ER
- Nifediac CC
- Nifedical XL

Non-Preferred Agents

- Procardia
- Adalat CC
- Cardene SR
- Procardia XL
- Plendil
- Norvasc
- Nimotop
- Nimodipine
- Caduet
- Sular (Old & New Formulations)
- Dynacirc CR

Approval Criteria

Failure to achieve desired therapeutic outcomes with documented trial period for 4 or more preferred agents.
Documented ADE/ADR to preferred agents.
Documented compliance on current therapy regimen.

Denial Criteria

Lack of adequate trial on required preferred agents.

Therapy will be denied if no approval criteria are met.
Drug Prior Authorization Hotline: (800) 392-8030